


Field Treatment

Note: ①


1. Basic airway
2. Oxygen/Pulse Oximetry
3. Advanced airway prn
4. Remove victims clothing
5. Immediately flush skin, eyes and mucus membranes with copious amount of water
②
6. If suspected nerve agent exposure, treat by HAZARDOUS CHEMICAL AGENT EMERGENCY **E3** guideline
7. Cardiac monitor/document rhythm and attach EKG strip
8. Venous access
9. If heart rate <60, hypotension, respiratory depression and/or extreme salivation
atropine 2mg IVP
① ② ③ ④
☞ May repeat every 5 minutes until patient is asymptomatic
10. If seizure activity, **midazolam 5mg IM/IN** or **2-5mg** slow IVP titrated to control seizure activity
⑤ ⑥
☞ May repeat **midazolam** IV every 2-3 mins or IM/IN once in 5 minutes **⑤ ⑥**

Drug Considerations

Atropine:

- ① Alternate routes: IM (1mg/ml preparation)
- ② High doses may be required.
- ③ Pediatrics >1 month (do not administer Atropine to neonates):
 0.05mg/kg IVP/IM.
May repeat every 5 minutes until patient is asymptomatic. Maximum single dose of 2mg.

Midazolam:

- ④ Maximum adult dose 10mg
- ⑤ Pediatrics: 0.1mg/kg IVP/IM/IN see
 **Color Code Drug Doses/ L.A. County Kids**
May repeat one time prn. Maximum pediatric dose 5 mg

Special Considerations

- ① Use masks and gloves to minimize exposure of personnel.
- ② If eye involvement:
 - ✓ Continuous flushing with NS during transport.
 - ✓ Allow patient to remove contact lenses if possible.